

Foster Family Home - Corrective Action Report

Provider ID: 1-190094

Home Name: Elsie Villanueva, CNA

Review ID: 1-190094-1

91-868 Haipu Place

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 12/12/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Corrective Action Report issued during home inspection with all items due to CTA by 1/12/20.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and fingerprints for all HHM's.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(1) The primary caregiver must be at least twenty-one years old, and the substitute caregiver shall be at least eighteen years old;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

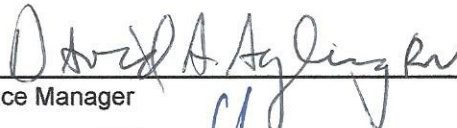
41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and


Comment:

41.(b)(1) - PCG needs at least one approved SCG.

41.(b)(8) - No First Aid and Blood Borne Pathogen certification for CG #1.

41.(f)(1) - No TB clearances for all HHM's.


Compliance Manager


Primary Care Giver

12/12/19
Date

12/12/19
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Elsie Villanueva

CCFFH Address: 91-868 Haipu pl, Ewa Beach, HI 96706

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-----------------|---|----------------|---|
| 8.(a)(1) (2) | I received current APS/CAN and Fingerprints from all HHM. I put the forms in my CCFFH binder | 1/1/20 | I placed all items (APS/CAN, TB clearance for all CG's & HHM's and FA and BBP certificate for CG's) on my iPhone calendar. I set the reminder for 1 month prior to expiration. I will always have at least 1 approved SCG working for me. |
| 41.(f)(1) | I received current TB clearance from all HHM | 12/18/19 | |
| 41.(b)(8) | I received current FA and BBP certificate from CG#1 and put the forms in my CCFFH binder. | | |
| 41.(b)(1) | I hired a SCG and got her approved by CTA. I place the form in my CCFFH binder | | |

Primary Caregiver's Signature: 

Print Name: Elsie Villanueva

Date of Signature: 01/03/20